



State of Rhode Island and Providence Plantations

HOME INSPECTOR LICENSING APPLICATION

Required pursuant to 5-65.1 of Rhode Island General Laws
ALL LICENSES EXPIRE ON THE FIRST OF THE MONTH.

Department of Administration
BUILDING CODE COMMISSION
CONTRACTORS' REGISTRATION BOARD
One Capitol Hill
Providence, Rhode Island 02908-5859
(401) 222-1268
FAX No. (401) 222-2599
TTD No. (401) 222-6334
WEB SITE: www.crb.state.ri.us

For Office Use Only:
Business License #
B #:
Inspector License #
H #:
Associate License #
A #:

1. BUSINESS SECTION Business License Type

☐ Individual Proprietor

☐ Partnership

There is a \$100 Business License Fee for a 2-year license.

☐ Corporation or LLC

Corporations must be filed with the Secretary of State's Corporation Division prior to filing with the Contractors' Registration Board. A copy of the filed corporate papers is required.

Print / or Type your name and business exactly as they will appear on the license.

Individual Inspector Information

Inspectors Name		Birth Date:	
Principal Responsible		Birth Date:	
Inspector Mailing Address (P.O. Boxes Not Acceptable)			
City	State	Zip Code	
Home Phone:	Fax #		
Email Address			
Driver License State	Drivers License #		

Business Information

Business Name		License #	
Principal Responsible		Birth Date:	
Business Mailing Address			
City	State	Zip Code	
Business Phone	Fax		
Email Address			
Federal Tax Id #	Date Business Established		

LIST NAMES AND ADDRESSES OF ALL PARTNERS OR CORPORATE OFFICERS

Name / Title	Address	Date of Birth	Drivers License #

SECTION 2 BUSINESS INFORMATION

Do you or does your business hire any home inspectors as sub contractors? ☐ YES ☐ NO

Do you have home inspectors as employees? (If so please list below) ☐ YES ☐ NO

If Yes provide a list of principal home inspectors and all other home inspectors and associates.

<u>Sub Contractor Name</u>	<u>Sub Contractor License</u>	<u>Employee Name</u>	<u>Employee License #</u>

There is a \$200 license application fee for all license types. This is due at the time of processing. Checks should be made out to the Contractors Registration Board.

SECTION 3 LICENSE TYPE

☐ Home Inspector

☐ Associate Home Inspector

☐ **Grandfathering** (Please check the appropriate box that describes your experience)

- ☐ (1) (150) Inspections (2) years in business prior to July 1, 2000. (Must sign an affidavit attesting to this)
- ☐ (2) (100) Inspections prior to July 1, 2001 (must sign an affidavit attesting to this.) , and proof of passing a Board approved examination.
- ☐ (3) Contractor for (5) years, certified real estate appraiser, practicing architecture or professional engineering and proof of passing a board approved examination.

☐ **Reciprocity**

- (1) Holds a valid license or has previously held a valid license issued by another state or possession of the United States or District of Columbia, which has standards that are substantially equivalent as determined by the Board. (Reciprocity will not be granted to in state residents)

SECTION 4 CURRENT / PREVIOUS LICENSES FOR HOME INSPECTORS

Provide information on previous Home Inspector Licenses that you have held.

State	Home Inspector License #	Date of Issue	Name of Business

Has a licensing certification board in the United States or any other country or foreign jurisdictions taken any disciplinary action against you? ☐ Yes ☐ No

If yes on above question please explain:

SECTION 5 EMPLOYER ACCOUNTS

Workers Compensation #	Unemployment Account Number	Federal Employer ID
Do you have or plan to hire employees?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have any other associated business interest (I.E. Termite Control, Real Estate Appraisal)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If Yes Explain Below		
You are required to have in effect <u>thought-out</u> the period of license liability and errors in omission insurance in the minimum amount of \$250,000. Failure to carry this insurance will result in termination of your license. A certificate of insurance must be submitted with this application and must indicate that the insurance carrier will notify the Contractors Registration Board upon cancellation of the insurance coverage required.		
Name of Liability Insurance Carrier	Policy Number	
Insurance Agency Name	Telephone Number	
Agency Address	Policy Expiration Date	
Name of Workers Compensation Insurance Carrier		
Policy Number		
Insurance Agency Name	Telephone Number	
Agency Address	Policy Expiration Date	
Name of Errors and Omissions Carrier		
Policy Number		
Insurance Agency Name	Telephone Number	
Agency Address	Policy Expiration Date	
I hereby acknowledge that the required insurance has been obtained to cover all aspects of the work performed.		
Signature: _____		

SECTION 6 HOME INSPECTION EXAMINATION

Have you taken a home inspector examination?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you have taken an exam please provide the details below: (A copy of the examination results must be included)				
Date of Exam	Location of Exam	Examination Score		

SECTION 7 EDUCATION

Did you graduate from high school or obtain a GED?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes please provide information below:					
School Name	City	State	Diploma/GED Date		

SECTION 8 EMPLOYMENT CERTIFICATION AS A HOME INSPECTOR			
EMPLOYMENT INFORMATION			
<u>Employer</u>	<u>Employer Address</u>	<u>Employment From</u>	<u>Employment To</u>

Pursuant to Rhode Island General Laws all statements made are subject to the penalties of perjury if false.

Signature of Applicant: _____ Date: _____

For Associate Home Inspectors Only: List names and addresses of licensed home inspectors who supervised your inspections as an associate.		

<u>Inspector Name</u>	<u>Inspector Address</u>	<u>Inspector License #</u>

Home Inspection Verification List
Associate Inspectors: List 50 home inspections you have assisted in inspecting under the direct supervision if a licensed home inspector from a state that has substantially equivalent licensing requirements.
Home Inspectors in Business prior to July 1st 2001: List 100 inspections you have performed.
Home Inspectors: In Business more then 2 years prior to July 1st 2000: List 150 inspections you have performed.
Home Inspector: List 100 inspections performed as an associate inspector during the minimal one-year period.

Please List Home Inspections **Personally Performed by You** for Compensation based on the status as defined above.

Number	Name	Address	Client	Date
Sample	Joe Sample	123 Sample St. Woonsocket RI	Bill Smith	1/1/01
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Number	Name	Address	Client	Date
Sample	Joe Sample	123 Sample St. Woonsocket RI	Bill Smith	1/1/01
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Number	Name	Address	Client	Date
Sample	Joe Sample	123 Sample St. Woonsocket RI	Bill Smith	1/1/01
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Number	Name	Address	Client	Date
Sample	Joe Sample	123 Sample St. Woonsocket RI	Bill Smith	1/1/01
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SECTION 9 AFFIDAVIT

SIGN IN THE PRESENCE OF A NOTARY: I HEREBY verify that any corporation included in the application has been recorded with the Secretary of State Corporation Division and approved for use by the applicant. I HEREBY verify that effective this date and for as long as this law is in effect, I have and will continue to carry the required insurance. I HEREBY verify that to the best of my knowledge, all statements on this form are complete, true, correct and accurate.

Signature of Owner, Partner, or Corporate Officer

Date

Signed or Attested before me on:

Print Name of Owner, Partner, or Corporate Officer

_____, 20__

State of: _____ County of: _____

My Commission Expires: _____ Notary Public: _____

For Board Use Only

Application

☐ Approved

☐ Denied

☐ Pending

Reason:

Executive Director

